

**CANDIDATE / OFFICEHOLDER REPORT:
DESIGNATION OF FINAL REPORT****FORM C/OH - FR**RECEIVED
CITY OF SAN ANTONIO
CITY CLERK

The Instruction Guide explains how to complete this form.

-- Complete only if "Report Type" on page 1 is marked "Final Report"

2001 JUL 12 P 4:23

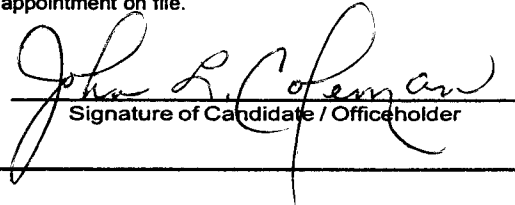
1 C/OH NAME

JOHN L. COLEMAN

2 ACCOUNT # (Ethics Commission filers)

3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.


Signature of Candidate / Officeholder

4 FILER WHO IS NOT AN OFFICEHOLDER

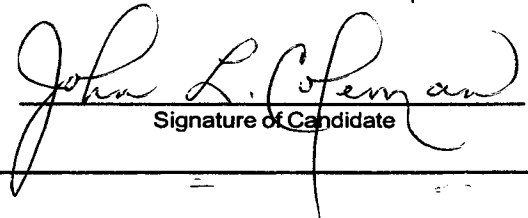
-- Complete A & B below only if you are a candidate --

A. CAMPAIGN FUNDS

Check only one:

☒ I do not have unexpended contributions or unexpended interest or income earned from political contributions.☐ I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.**B. ASSETS**

Check only one:

☒ I do not retain assets purchased with political contributions or interest or other income from political contributions.☐ I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.
Signature of Candidate

5 OFFICEHOLDER

-- Complete this section only if you are an officeholder --

☐ I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file._____
Signature of Officeholder

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH

COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.

1 ACCOUNT #
(Ethics Commission filers)

2 Total pages filed:

2001 JUL 12 4:23

3 CANDIDATE /
OFFICEHOLDER
NAME

TITLE

FIRST

MI

MR.
NICKNAME

LAST

SUFFIX

JOHN
COLEMAN

OFFICE USE ONLY

Date Received

4 CANDIDATE /
OFFICEHOLDER
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

8407 Watchtower ST

☐ Change of Address

SAN ANTONIO, TX 78254-2446

Date Hand-delivered or Date Postmarked

5 CAMPAIGN
TREASURER
NAME

TITLE

FIRST

MI

MRS.
NICKNAME

LAST

SUFFIX

DeBRA J.
ARCHER

Receipt #

Amount

Date Processed

Date Imaged

6 CAMPAIGN
TREASURER
ADDRESS
(Residence or business)

STREET ADDRESS (NO PO BOX PLEASE);

APT / SUITE #;

CITY;

STATE;

ZIP CODE

200 LOMBRANO

P.O. Box 7370

SAN ANTONIO, TX 78207

7 CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(210) 735-1111

8 REPORT TYPE

☐ January 15

☐ 30th day before election

☐ Runoff

☐ 15th day after campaign treasurer
appointment (officeholder only)

☐ July 15

☐ 8th day before election

☐ Exceeded \$500 limit

☒ Final report (Attach C/OH - FR)

9 PERIOD
COVERED

Month

Day

Year

THROUGH

Month

Day

Year

APR / 05 / 2001

MAY / 05 / 2001

10 ELECTION

ELECTION DATE

Month

Day

Year

ELECTION TYPE

MAY / 05 / 2001

☐ Primary

☐ Runoff

☐ General

☐ Special

11 OFFICE

OFFICE HELD (if any)

12 OFFICE SOUGHT (if known)

COUNCILMAN Dist. 7

13 NOTICE
OF DIRECT
CAMPAIGN
EXPENDITURE
BY OTHER
INDIVIDUALS

-- Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. --

Name

Address / PO Box; Apt. / Suite #; City; State; Zip Code

☐ additional pages

GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER REPORT:
SUPPORT & TOTALS****FORM C/OH
COVER SHEET PG 2****14 C/OH NAME**JOHN L. COLEMAN**15 ACCOUNT # (Ethics Commission Use)****16 NOTICE
FROM
POLITICAL
COMMITTEE(S)**

-- This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. --

COMMITTEE TYPE☐ GENERAL☐ SPECIFIC**COMMITTEE NAME****COMMITTEE ADDRESS****COMMITTEE CAMPAIGN TREASURER NAME****COMMITTEE CAMPAIGN TREASURER ADDRESS**☐ additional pages**17 NO REPORTABLE
ACTIVITY**

☐ Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)

**18 CONTRIBUTION
TOTALS**

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$

**EXPENDITURE
TOTALS**

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

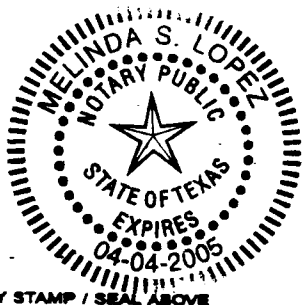
\$

4. TOTAL POLITICAL EXPENDITURES

\$ 373.02**OUTSTANDING
LOAN TOTALS**

5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$

19 AFFIDAVIT

AFFIX NOTARY STAMP / SEAL ABOVE

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

John L. Coleman
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said John Coleman, this the 12th day of July, 2001, to certify which, witness my hand and seal of office.

Melinda S. Lopez
Signature of officer administering oath

Melinda S. Lopez
Printed name of officer administering oath

Notary
Title of officer administering oath

LOANS**SCHEDULE E**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule E:

2001 JAN 12 5 11:23

3 ACCOUNT # (Ethics Commission filers)

2 FILER NAME

JOHN L. COLEMAN

4**TOTAL OF UNITEMIZED LOANS:**

⇒ ⇒ ⇒ ⇒ ⇒ ⇒

\$ 140.00

5 Date of loan

4-16-'01

7 Name of lender☐ out-of-state PAC (ID#: _____)

JOHN L. COLEMAN

9 Loan Amount (\$)

140.00

6 Is lender a financial Institution?

Y

N

8 Lender address; City; State; Zip Code10635 I.H. 35N, SUITE 104
San Antonio, TX 78233**10 Interest rate****11 Maturity date****12 Description of Collateral**☒ none**13 GUARANTOR INFORMATION**☒ not applicable**14 Name of guarantor****15 Guarantor address; City; State; Zip Code****16 Amount Guaranteed (\$)****17 Principal Occupation****18 Employer****Date of loan****Name of lender**☐ out-of-state PAC (ID#: _____)**Loan Amount (\$)****Is lender a financial Institution?**

Y

N

Lender address; City; State; Zip Code**Interest rate****Maturity date****Description of Collateral**☐ none**GUARANTOR INFORMATION**☐ not applicable**Name of guarantor****Guarantor address; City; State; Zip Code****Amount Guaranteed (\$)****Principal Occupation****Employer****ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

1

2 FILER NAME

JOHN L. COLEMAN

3 ACCOUNT # (Ethics Commission filers)

4 Date

6-Jul-01

5 Payee name

FOOT PRINTS

7 Amount (\$)

229.00

6 Payee address; City; State; Zip Code10635 I.H. 35N, Back Office
San Antonio, TX 78233**8 Purpose of payment (See instructions regarding type of information required.)**

WEB PAGE DESIGN & TWO MONTHS RENT

9 -- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

6-Jul-01

Payee name

JOHN L. COLEMAN

Amount (\$)

140.00

Payee address; City; State; Zip Code10635 I.H. 35N, Suite 104
San Antonio, TX 78233**Purpose of payment (See instructions regarding type of information required.)**

REIMBURSEMENT - LOAN

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

6-Jul-01

Payee name

..... MARCH OF DIMES

Amount (\$)

4.02

Payee address; City; State; Zip Code**Purpose of payment (See instructions regarding type of information required.)**

DONATION

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date**Payee name****Amount (\$)****Payee address; City; State; Zip Code****Purpose of payment (See instructions regarding type of information required.)****-- Complete if direct expenditure to benefit C/OH --**

Candidate / Officeholder name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

Tarrant Ethics Commission

P.O. Box 12070

Austin, Texas 78711-2070

(512) 463-6800

1-800-325-8008

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.

1 ACCOUNT #
(Enter Campaign Item)

2001 APR 27

2 Total pages filed

3:16

2

3 CANDIDATE /
OFFICEHOLDER
NAME

TITLE FIRST MI
MR. JOHN L.
MICRONAME LAST SUFFIX
COLEMAN

OFFICE USE ONLY

Date Received

4 CANDIDATE /
OFFICEHOLDER
ADDRESS

ADDRESS / PO BOX APT / SUITE R CITY STATE ZIP CODE
8407 Watchtower St.
SAN ANTONIO, TX 78254

☐ Change of Address

Date Hand-delivered or Date Postmarked

5 CAMPAIGN
TREASURER
NAME

TITLE FIRST MI
MRS. DEBRA J.
MICRONAME LAST SUFFIX
ARCHER

Receipt #

Amount

Date Processed

Date Imaged

6 CAMPAIGN
TREASURER
ADDRESS
(Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE R CITY STATE ZIP CODE
200 LOMBRANO
P.O. Box 7370
SAN ANTONIO, TX 78207

7 CAMPAIGN
TREASURER
PHONE

AREA CODE PHONE NUMBER EXTENSION
(210) 735-1111 EXT: 204

8 REPORT TYPE

☐ January 15 ☐ 30th day before election ☐ Recall ☐ 15th day after election (treasurer appointment (initials only))
☐ July 15 ☒ 60th day before election ☐ Extended 60th Day ☐ Final report (Attach C/OH - FR)

9 PERIOD
COVERED

Month Day Year THROUGH Month Day Year
4 / 06 / 01 THROUGH 4 / 27 / 01

10 ELECTION

ELECTION DATE Month Day Year ELECTION TYPE
/ / ☐ Primary ☐ Recall ☒ General ☐ Special

11 OFFICE

OFFICE HELD (If any)

12 OFFICE SOUGHT (If any)

COUNCILMAN District 7

13 NOTICE
OF DIRECT
CAMPAIGN
EXPENDITURE
BY OTHER
INDIVIDUALS

~ Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditures. ~

Name

Address / PO Box APT / Suite R City State Zip Code

☐ additional pages

GO TO PAGE 2

Texas Ethics Commission

P.O. Box 12070

Austin, Texas 78711-2070

(512) 463-6800

1-800-355-6008

**CANDIDATE / OFFICEHOLDER REPORT:
SUPPORT & TOTALS**RECEIVED
CITY OF SAN ANTONIO
CITY CLERK
FORM C/OH
COVER SHEET PG 2

14 C/OH NAME

JOHN L. COLEMAN

2001 APR 27

12:33 PM

ACCOUNT #

15 NOTICE
FROM
POLITICAL
COMMITTEE(S)

-- This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. --

COMMITTEE TYPE

COMMITTEE NAME

☐ GENERAL

COMMITTEE ADDRESS

☐ SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages17 NO REPORTABLE
ACTIVITY

☐ Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)

18 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 500.00

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$

4. TOTAL POLITICAL EXPENDITURES

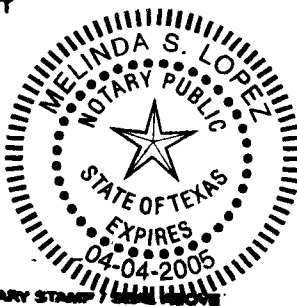
\$ 533.98

OUTSTANDING
LOAN TOTALS

5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 0.00

19 AFFIDAVIT



APPROX NOTARY STAMP / SEAL IMAGE

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

John L. Coleman
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said John L. Coleman, this the 27th day of April, 2001, to certify which, witness my hand and seal of office.

Melinda S. Lopez
Signature of officer administering oath

Melinda S. Lopez
Printed Name of officer administering oath

Notary
Title of officer administering oath

Texas Ethics Commission		P.O. Box 12070		Austin, Texas 78711-2070		(512) 463-6000		1-800-375-8000	
POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS						SCHEDULE A1 RECEIVED CITY OF SAN ANTONIO CITY CLERK			
The instructions that explain how to complete this form.						1. Total reported on Schedule A1: 2001 APR 27 P 3:10			
2. FILER NAME JOHN L. COLEMAN						3. ACCOUNT # (Enter Contributor Use)			
4. Date 4-4-01	5. Full name of contributor <input type="checkbox"/> out-of-state PAC (OR) DONALD OR NANCY THOMPSON 6. Contributor address: City: State: Zip Code 4703 BROADHILL AUSTIN, TX 78723				7. Amount of contribution (\$) 100.00	8. In-kind contribution description (if applicable)			
9. Principal occupation (Optional)				10. Employer (Optional)					
Date 4-5-01	Full name of contributor <input type="checkbox"/> out-of-state PAC (OR) T.O.M. ROY Contributor address: City: State: Zip Code 6611 CORPUS CHRISTI DR. AUSTIN, TX 78729				Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)			
Principal occupation (Optional)				Employer (Optional)					
Date 4-16-01	Full name of contributor <input type="checkbox"/> out-of-state PAC (OR) WILLIAM ARCHER Contributor address: City: State: Zip Code 8401 DATA POINT DR. 78229				Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)			
Principal occupation (Optional)				Employer (Optional)					
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (OR) ALBERT CAREY Contributor address: City: State: Zip Code 812, 140th STREET, EAST TACOMA, WA 98445				Amount of contribution (\$) 200.00	In-kind contribution description (if applicable)			
Principal occupation (Optional)				Employer (Optional)					
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (OR) Contributor address: City: State: Zip Code 				Amount of contribution (\$) -	In-kind contribution description (if applicable)			
Principal occupation (Optional)				Employer (Optional)					
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.									

LOANS

RECEIVED SCHEDULE E
CITY OF SAN ANTONIO
CITY CLERK

The INSTRUCTION GUIDE explains how to complete this form.

2001 APR 21 P 3:16
Total pages Schedule E:

2 FILER NAME

JOHN L. COLEMAN

3 ACCOUNT # (Ethics Commission filers)**4**

TOTAL OF UNITEMIZED LOANS: ⇒ ⇒ ⇒ ⇒ ⇒ ⇒

\$

5 Date of loan

APR 9, 01

7 Name of lender☐ out-of-state PAC (ID#: _____)

CELEBRITY MARKETING AGENCY

9 Loan Amount (\$)

266.99

6 Is lender a financial institution?

Y

(N)

8 Lender address; City; State; Zip Code10635 I.H. 35 north suite 201
SAN ANTONIO, TX 78233**10 Interest rate****11 Maturity date****12 Description of Collateral**☒ none**13 GUARANTOR INFORMATION**☒ not applicable**14 Name of guarantor****15 Guarantor address; City; State; Zip Code****16 Amount Guaranteed (\$)****17 Principal Occupation****18 Employer****Date of loan**

APR 16, 01

Name of lender☐ out-of-state PAC (ID#: _____)

MR. WILLIAM ARCHER

Loan Amount (\$)

166.99

Is lender a financial institution?

Y

(N)

Lender address; City; State; Zip Code8401 DATA POINT DRIVE
SAN ANTONIO, TX 78229**Interest rate****Maturity date****Description of Collateral**☒ none**GUARANTOR INFORMATION**☒ not applicable**Name of guarantor****Guarantor address; City; State; Zip Code****Amount Guaranteed (\$)****Principal Occupation****Employer****ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

2001 APR 27 P 3:15
1 Total pages Schedule F:**1****2 FILER NAME**

JOHN L. COLEMAN

3 ACCOUNT # (Ethics Commission filers)**4 Date**

4-16-01

5 Payee name

SIGNS TO GO

6 Payee address; City; State; Zip Code

6830 SAN PEDRO

78216

7 Amount (\$)100.⁰⁰**8 Purpose of payment** (See instructions regarding type of information required.)

Advertisement - Signs

9 -- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held**Date**

4-24-01

Payee name

CELEBRITY MARKETING Agency (Richard Stevenson)

Payee address; City; State; Zip Code

10635 I.H.35N, Suite 201

78233

Amount (\$)

266.99

Purpose of payment (See instructions regarding type of information required.)

Reimbursement - SIGN LOAN

9 -- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held**Date**

4-24-01

Payee name

MR. WILLIAM ARCHER

Payee address; City; State; Zip Code

8401 DATA POINT DRIVE

78229

Amount (\$)

166.99

Purpose of payment (See instructions regarding type of information required.)

Reimbursement - SIGN LOAN

9 -- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held**Date****Payee name****Payee address; City; State; Zip Code****Amount (\$)****Purpose of payment** (See instructions regarding type of information required.)**9** -- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

CORRECTION AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK

2001 JUL 12 P 4:12

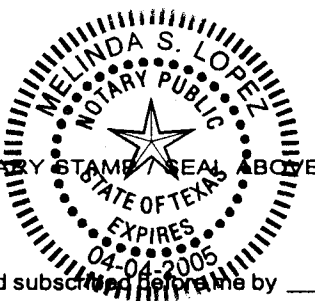
See backside for instructions

1 ACCOUNT #	2 Total pages filed: <u>2</u>												
3 CANDIDATE / OFFICEHOLDER NAME	<table style="width: 100%;"> <tr> <td style="width: 33%;">TITLE MR.</td> <td style="width: 33%;">FIRST JOHN</td> <td style="width: 33%;">MI L</td> </tr> <tr> <td>NICKNAME</td> <td>LAST COLEMAN</td> <td>SUFFIX</td> </tr> </table>	TITLE MR.	FIRST JOHN	MI L	NICKNAME	LAST COLEMAN	SUFFIX						
TITLE MR.	FIRST JOHN	MI L											
NICKNAME	LAST COLEMAN	SUFFIX											
4 ORIGINAL REPORT TYPE	<table style="width: 100%;"> <tr> <td><input type="checkbox"/> January 15</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> Other (specify)</td> </tr> <tr> <td><input type="checkbox"/> July 15</td> <td><input type="checkbox"/> Exceeded \$500 limit</td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/> 30th day before election</td> <td><input type="checkbox"/> 15th day after treasurer appointment (officeholder only)</td> <td></td> </tr> <tr> <td><input type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Final report</td> <td></td> </tr> </table>	<input type="checkbox"/> January 15	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other (specify)	<input type="checkbox"/> July 15	<input type="checkbox"/> Exceeded \$500 limit		<input checked="" type="checkbox"/> 30th day before election	<input type="checkbox"/> 15th day after treasurer appointment (officeholder only)		<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Final report	
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<input type="checkbox"/> July 15	<input type="checkbox"/> Exceeded \$500 limit												
<input checked="" type="checkbox"/> 30th day before election	<input type="checkbox"/> 15th day after treasurer appointment (officeholder only)												
<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Final report												
5 ORIGINAL PERIOD COVERED	<table style="width: 100%;"> <tr> <td style="width: 33%;">Month 03</td> <td style="width: 33%;">Day 17</td> <td style="width: 33%;">Year 2001</td> <td style="width: 33%;">THROUGH</td> <td style="width: 33%;">Month 04</td> <td style="width: 33%;">Day 05</td> <td style="width: 33%;">Year 2001</td> </tr> </table>	Month 03	Day 17	Year 2001	THROUGH	Month 04	Day 05	Year 2001					
Month 03	Day 17	Year 2001	THROUGH	Month 04	Day 05	Year 2001							
6 EXPLANATION OF CORRECTION	IN THE CONTRIBUTION TOTALS (ITEM 18; #2) THE "TOTAL POLITICAL CONTRIBUTION" LAST TWO (2) NUMBERS WERE TRANSPOSED (\$276.00 SHOULD HAVE BEEN \$267.00). ADDITION OF SCHEDULE A1 WILL VERIFY THIS MISTAKE.												

7 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that this corrected report is true and correct and that I am filing this corrected report promptly after learning of the error(s) in the original report. I swear, or affirm, under penalty of perjury, that I did not intend to violate a reporting requirement when I filed the original report.

AFFIX NOTARY STAMP / SEAL ABOVE



John L. Coleman
Signature of Candidate or Officeholder

Sworn to and subscribed before me by John Coleman this the 12th day of July, 2001.

to certify which, witness my hand and seal of office.

Melinda S. Lopez
Signature of officer administering oath

Melinda S. Lopez
Printed name of officer administering oath

Notary
Title of officer administering oath

**Remember To Attach Any Part Of The Campaign Finance Report Form
Needed To Report And Explain Corrections**



CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME

15 ACCOUNT # (Ethics Commission files)

16 NOTICE
FROM
POLITICAL
COMMITTEE(S)

.. This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. ..

COMMITTEE TYPE

COMMITTEE NAME

☐ GENERAL

COMMITTEE ADDRESS

☐ SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages17 NO REPORTABLE
ACTIVITY☐ Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)18 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$

2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$

4. TOTAL POLITICAL EXPENDITURES

\$

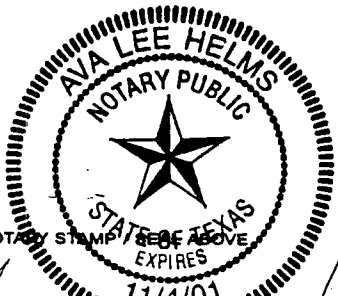
OUTSTANDING
LOAN TOTALS

5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$

19 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



AFFIX NOTARY STAMP HERE ABOVE
EXPIRES 11/4/01

Sworn to and subscribed before me, by the said John L. Coleman, this the 5th day of April, 20 01, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1

(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1:

2 FILER NAME

JOHN L. COLEMAN

3 ACCOUNT # (Ethics Commission filers)

4 Date

4-01-01

5 Full name of contributor

☐ out-of-state PAC (ID#)

RICHARD W. MURRAY

6 Contributor address; City; State; Zip Code

8411 WATCHTOWER ST
SAN ANTONIO, TX 78254

7 Amount of
contribution (\$)

100.00

8 In-kind contribution
description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date

4-02-01

Full name of contributor

☐ out-of-state PAC (ID#)

RICHARD A. ROLLINS

Contributor address; City; State; Zip Code

830 N. Blvd, P.O. Box 2146
UNIVERSAL CITY, TX 78148

Amount of
contribution (\$)

100.00

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

4-02-01

Full name of contributor

☐ out-of-state PAC (ID#)

ROYAL DRIVE SERVICES

Contributor address; City; State; Zip Code

10635 IH35N
SAN ANTONIO, TX 78233

Amount of
contribution (\$)

42.00

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

4-02-01

Full name of contributor

☐ out-of-state PAC (ID#)

ARLENE L. YOUNGBLOD

Contributor address; City; State; Zip Code

1807 BUNDY HILL DRIVE
AUSTIN, TX 78723-6115

Amount of
contribution (\$)

25.00

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor

☐ out-of-state PAC (ID#)

Contributor address; City; State; Zip Code

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.		1 ACCOUNT # (Ethics Commission filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	TITLE FIRST MI Mr. John L.		OFFICE USE ONLY Date Received
	NICKNAME LAST SUFFIX COLEMAN		
4 CANDIDATE / OFFICEHOLDER ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 8407 WATCHTOWER ST. SAN ANTONIO, TX 78254		Date Hand-delivered or Date Postmarked
			Receipt # Amount
5 CAMPAIGN TREASURER NAME	TITLE FIRST MI Mrs. Debra J.		Date Processed
	NICKNAME LAST SUFFIX ARCHER		Date Imaged
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 200 LOMBRANO P.O. Box 7370 SAN ANTONIO, TX 78207		
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION () 735-1111 x 204		
8 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
9 PERIOD COVERED	Month Day Year THROUGH Month Day Year 03/17/01 04/5/01		
10 ELECTION	ELECTION DATE ELECTION TYPE Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special 05/05/01		
11 OFFICE	OFFICE HELD (if any) 12 OFFICE SOUGHT (if known) COUNCILMAN DISTRICT 7		
13 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS <input type="checkbox"/> additional pages	-- Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. -- Name Address / PO Box; Apt. / Suite #; City; State; Zip Code		
GO TO PAGE 2			



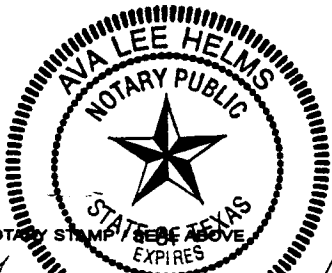
CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME		15 ACCOUNT # (Ethics Commission files)	
16 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> additional pages	** This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. **		
	COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS	
17 NO REPORTABLE ACTIVITY <input type="checkbox"/> Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)			
18 CONTRIBUTION TOTALS EXPENDITURE TOTALS OUTSTANDING LOAN TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$	2001 APR - 5 CITY OF SAN ANTONIO CITY CLERK RECEIVED
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 276	
	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$	
	4. TOTAL POLITICAL EXPENDITURES	\$	
	5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	

19 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



AFFIX NOTARY STAMP HERE ABOVE
EXPIRES 11/4/01

Sworn to and subscribed before me, by the said John L. Coleman, this the 5th day of April, 20 01, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

PLEDGED CONTRIBUTIONS**SCHEDULE B1**

(FOR FORMS C/OH, SC-C/OH, SC-SPAC, & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule B1:

2 FILER NAME

3 ACCOUNT # (Ethics Commission files)

4 TOTAL OF UNITEMIZED PLEDGES: ⇒ ⇒ ⇒ ⇒ ⇒ ⇒

\$

5 Date

6 Full name of pledgor ☐ out-of-state PAC (ID#: _____)8 Amount of
pledge (\$)9 In-kind description
(if applicable)

7 Pledgor address; City; State; Zip Code

10 Principal occupation (optional)

11 Employer (optional)

Date

Full name of pledgor ☐ out-of-state PAC (ID#: _____)Amount of
pledge (\$)In-kind description
(if applicable)

Pledgor address; City; State; Zip Code

Principal occupation (optional)

Employer (optional)

Date

Full name of pledgor ☐ out-of-state PAC (ID#: _____)Amount of
pledge (\$)In-kind description
(if applicable)

Pledgor address; City; State; Zip Code

Principal occupation (optional)

Employer (optional)

Date

Full name of pledgor ☐ out-of-state PAC (ID#: _____)Amount of
pledge (\$)In-kind description
(if applicable)

Pledgor address; City; State; Zip Code

Principal occupation (optional)

Employer (optional)

Date

Full name of pledgor ☐ out-of-state PAC (ID#: _____)Amount of
pledge (\$)In-kind description
(if applicable)

Pledgor address; City; State; Zip Code

Principal occupation (optional)

Employer (optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1

(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule A1:	
2 FILER NAME JOHN L. COLEMAN		3 ACCOUNT # (Ethics Commission filers)	
4 Date 4-01-01	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: RICHARD W. MURRAY 6 Contributor address; City; State; Zip Code 8411 WATCHTOWER ST SAN ANTONIO, TX 78254	7 Amount of contribution (\$) 100.00	8 In-kind contribution description (if applicable)
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 4-02-01	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: RICHARD A. ROLLINS Contributor address; City; State; Zip Code 830 N. Blvd, P.O. Box 2146 UNIVERSAL CITY, TX 78148	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable) 2001 APR - 5 CITY OF SAN ANTONIO CITY CLERK
Principal occupation (Optional)		Employer (Optional)	
Date 4-02-01	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: ROYAL DRIVE SERVICES Contributor address; City; State; Zip Code 10635 IH35N SAN ANTONIO, TX 78233	Amount of contribution (\$) 42.00	In-kind contribution description (if applicable) 46
Principal occupation (Optional)		Employer (Optional)	
Date 4-02-01	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: ARLENE L. YOUNGBLOOD Contributor address; City; State; Zip Code 1807 BUNDY HILL DRIVE AUSTIN, TX 78723-6115	Amount of contribution (\$) 25.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	

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